

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO		
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH		5/16/16		TIME MILITARY		
CRASH OCCURRED ON		Private Property		WITHIN THE INTERSECTION OF		Walmart						
IF NOT IN INTERSECTION		N E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)				CITY CODE				
LOG-1		LOG-2		LOC JUR FH3 FILT								
A	UNIT NO	1		NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		State Farm			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
Rogers Donald L				3623 ST RT 123 North Franklin, Ohio 45005								
PHONE NO		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO	OCCUPATION		
937-743-0235		8/16/55		40	M			OH	RK838844			
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE				
Same												
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE		VEH PED DIR		
1997	Dodge	Truck		Green		OH	FPE7672			FROM N TO E		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8		UNIT NO	2		NO OF OCCUPANTS	OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Progressive		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
Parked												
PHONE NO		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO	OCCUPATION		
513-292-9159		m i d i y										
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE				
Craig, Jaime M				298 N. Nixon Camp Rd, Oregon OH				513-292-9159				
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE		VEH PED DIR		
2000	Ford	SW		Blue		OH	GMX5206			FROM TO		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES			
	2	Adams, Thomas		11/14/59		F	A 1 B 3 C 4 D 6 E F		5 5 5 5 5			
ADDRESS		378 N. Nixon Camp Road, Oregon		PHONE		513-292-9159		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED				
D	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		CONDITION			
		Lowallen, Doris J		1/12/142		74	A 1 B 3 C 4 D 6 E F		1 1 1 1 1 1 1 1 1 1			
ADDRESS		3791 Dry Run Road, S. Lebanon OH		PHONE				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN				
E	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		RESTRAINTS			
		Ridout, Faith G		4/26/16		1mo	A 1 B 3 C 4 D 6 E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			
ADDRESS		298 N. Nixon Camp Road, Oregon		PHONE				A 1 B 3 C 4 D 6 E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
F	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		EJECTION			
				m i d i y			A 1 B 3 C 4 D 6 E F		A 1 B 3 C 4 D 6 E F			
ADDRESS				PHONE				1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG		
INJURED TAKEN TO		By		OFFENSE CHARGED AND DESCRIPTION		A 1 B 3 C 4 D 6 E F		ALCOHOL		DRUGS		
INJURED TAKEN TO		By		OFFENSE CHARGED AND DESCRIPTION		A 1 B 3 C 4 D 6 E F		A 1 B 3 C 4 D 6 E F		A 1 B 3 C 4 D 6 E F		
OFFENSE CHARGED AND DESCRIPTION		A 1 B 3 C 4 D 6 E F		OFFENSE CHARGED AND DESCRIPTION		A 1 B 3 C 4 D 6 E F		A 1 B 3 C 4 D 6 E F		A 1 B 3 C 4 D 6 E F		
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		
14/15		14/24		14/33		14/49		30		60		
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO		CHECKED BY				
5/16/16		YES NO		Fry		117						